

Female barrenness, bodily access and aromatic treatments in seventeenth-century England*

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Abstract

Across the seventeenth century medical self-help manuals noted that aromatic substances were a suitable remedy for female barrenness. It has often been suggested that in the early modern period physicians did not touch their patients but instead relied upon patient narrative to diagnose and treat the sick body. This article problematizes this issue by investigating the multi-sensory approach to treating infertility, a disorder invested with concerns of gendered bodily access. It will be demonstrated that the recommendation of aromatic treatments for infertility allowed male physicians a means to negotiate the complex gender boundaries that restricted their access to women's bodies.

Across the seventeenth century writers in several medical self-help manuals noted that aromatic substances, in the form of fumes, suffumigations, gloves and ointments, were a suitable remedy for female barrenness. In particular the use of musk, civet and ambergris was thought to stimulate the reproductive organs, encouraging sexual desire and fertility. Many traditional histories of early modern medicine have suggested that physicians did not touch their patients, except to take a pulse, instead relying upon patient narrative, and in some cases urine analysis, to diagnose and treat the sick body.¹ Similar comments were also made about the male practice of gynaecological and obstetric medicine.² Yet it would appear from the language of medical texts, as will be

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¹ See, e.g., A. Wear, *Knowledge and Practice in English Medicine, 1550–1680* (Cambridge, 2000), pp. 120–2; S. Cavallo, *Artisans of the Body in Early Modern Italy: Identities, Families and Masculinities* (Manchester, 2007), p. 26; E. Keller, 'The subject of touch: medical authority in early modern midwifery', in *Sensible Flesh: on Touch in Early Modern Culture*, ed. E. D. Harvey (Philadelphia, Pa., 2002), pp. 62–80, at pp. 69–70; B. Duden, *The Woman Beneath the Skin: a Doctor's Patients in 18th-Century Germany* (Cambridge, Mass., 1991), p. 83; C. Bicks, *Midwiving Subjects in Shakespeare's England* (Aldershot, 2003), p. 64 (Bicks noted that Simon Forman treated 830 women for gynaecological problems in 1597 but rarely described manual examinations); M. MacDonald, *Mystical Bedlam: Madness, Anxiety and Healing in 17th-Century England* (Cambridge, 1981), pp. 26–8 (MacDonald did not state explicitly that physicians did not touch their patients but described the process Richard Napier went through with his patients, relying on both questions and patient narrative); J. Lane, *John Hall and his Patients: the Medical Practice of Shakespeare's Son-in-Law* (Stratford-upon-Avon, 1996), p. xl. See also L. McCray Beier, *Sufferers and Healers: the Experience of Illness in 17th-Century England* (1987), pp. 108–9. Beier did not specifically address the issue of touch in treatment, but shows that medical practitioners used a range of methods for treatment.

² L. Tatlock, 'Speculum feminarum: gendered perspectives on obstetrics and gynecology in early modern Germany', *Signs*, xvii (1992), 725–60, at pp. 733, 757–9; Beier, p. 44. Other works did not address this topic explicitly (A. Eccles, *Obstetrics and Gynaecology in Tudor and Stuart England* (1982); Eccles did note at one point that an instrument could be used to help physicians view the internal cavity of the neck of the womb (p. 84)).

seen, that not all physicians diagnosed and cured at a physical distance from their patients; they, like other medical practitioners, could and did touch the body when necessary. Accordingly, several scholars have modified and nuanced our understanding of how medical practitioners negotiated access to their patient's bodies. Lianne McTavish, for example, has demonstrated the ways in which both patients resisted the gaze and touch of man-midwives and male practitioners structured their practice, by presenting touch as a method of viewing, in response to these concerns.³

Thus, it is possible to understand some of the occasions when it was allowable for practitioners, predominantly surgeons, midwives and man-midwives, to view and touch a woman's body. Nonetheless, much of what has been uncovered relates to the perhaps unique circumstances of parturition.⁴ It has been noted, however, that 'tactility was always suspect because of its potential to incite erotic feeling'.⁵ Winfreid Schleiner has argued that Renaissance male practitioners became increasingly concerned about the potential erotic results of the medical manipulation of the female genitals.⁶ Similarly, McTavish has shown in her work on midwifery in early modern France that royal midwife Louise Bourgeois was concerned that her patients may have experienced shame at having their bodies exposed to the visual and tactile scrutiny of a surgeon.⁷ Shame was an important part, therefore, of the complexities of gendered bodily access at this time. It has, though, been argued for the medieval world that 'Women's shame was merely an unfortunate obstacle to male medical practice, not an absolute impediment to it'.⁸ Similarly, Wendy Churchill has argued that even though female modesty was unquestionably a social custom espoused in early modern society, it should not be assumed that this was a pervasive element of all patient-practitioner interactions.⁹ It is therefore no longer simply enough to state that physicians did or did not touch their patients. It is necessary to consider in more detail the multi-sensory nature of early modern medicine. In doing so a much more nuanced understanding of medical practice and gendered patient-practitioner interactions in early modern England may be found. This article adds to this understanding, and in particular to the discussion about the potentially sexual nature of medical contact with patients, by investigating the ways in which male physicians could negotiate access to the female body through smell in cases of infertility, a disorder that was invested with concerns about modesty, appropriate bodily comportment and access to the sexual organs.

³ L. McTavish, *Childbirth and the Display of Authority in Early Modern France* (Aldershot, 2005), pp. 60–2; W. D. Churchill, *Female Patients in Early Modern Britain: Gender, Diagnosis and Treatment* (Aldershot, 2012), pp. 64–73, 76–9. Churchill's analysis demonstrated clearly the complexities of physician access to the female body and highlights that physicians did touch female patients, who did not feel shame or fear about exposing their bodies to a male practitioner. Importantly, Churchill also considered issues of consent and permission in these cases.

⁴ Eccles, pp. 87–8; McTavish, p. 63. For examples of touching the female body outside parturition, see Bicks, pp. 61–2; W. Schleiner, *Medical Ethics in the Renaissance* (Washington, D.C., 1995), pp. 115–16. O. Weisser, 'Boils, pushes and wheals: reading bumps on the body in early modern England', *Social History of Medicine*, xxii (2009), 321–39, at p. 330; see also Tatlock, pp. 757–9, who argued that male midwives used the speculum in order to gain visual access to the interior of women's bodies without touch.

⁵ E. D. Harvey, 'Introduction: the "Sense of All Senses"', in Harvey, *Sensible Flesh*, pp. 1–21, at p. 17.

⁶ Schleiner, p. 109.

⁷ McTavish, p. 57.

⁸ M. H. Green, *Making Women's Medicine Masculine: the Rise of Male Authority in Pre-Modern Gynaecology* (Oxford, 2008), p. 200; see also Beier, pp. 145–6. Elizabeth Pepys was concerned about the shame of having her private parts operated on by a surgeon and urged her husband to stay with her while the operation was performed. Pepys was thankful that the operation was eventually deemed unnecessary.

⁹ Churchill, p. 64.

In a recent introduction to a special issue of the *American Historical Review*, Martin Jay noted that ‘exploring the infinite variety of sensual experience has become a staple of contemporary historical analysis’; in particular, it has become a common phenomenon not simply to investigate the interactions with the natural world in the past, but to explore in detail the meanings attributed to those interactions.¹⁰ The increased interest in the study of the history of the senses was also demonstrated by a similar special edition of the *Journal of American History*.¹¹ The articles presented in these editions show that from its traditional beginnings, exploring the importance attributed to each of the senses and their hierarchical ordering – and in particular the ascension of sight as the primary sensory tool of human intellect and development – the history of the senses has expanded to encompass a wealth of topics and historical eras.¹² In terms of the history of smell this has included investigations into the relationship between smell, tourism and environmental history and the social use of smell to create racial divisions.¹³ Studies of the senses in the early modern and eighteenth-century world have also become increasingly popular and varied, including examinations of the strong smells and loud noises of urban life, the way smell was used in political and travel literature, and the centrality of smells to religious belief and ritual and to the Reformation.¹⁴

Studies in the history of medieval and early modern medicine have also utilized smell as a lens through which to assess aspects of medical practice and intellectual development. Michael McVaugh’s innovative study of thirteenth-century surgery, for example, has shown that smell could be used in the identification of certain skin diseases such as ulcers and leprosy.¹⁵ Nonetheless, much of the scholarship on the early modern period has focused on the medical theory of miasma, which outlined that dangerous and noxious fumes and smells created by putrefaction would enter the body causing corruption and disease. Most frequently this topic has been addressed by anthropologists and historians in relation to the causation and cure of plague.¹⁶ Classen, Howes and Synnott have explored the common use of fumigations and pomanders during plague and asserted that virtually any pungent odour was thought to be good for this purpose.¹⁷ Nonetheless, as this article will show, the use of smells was not always this indiscriminate: certain smells were believed to be more relevant for

¹⁰ M. Jay, ‘In the realm of the senses: an introduction’, *Amer. Hist. Rev.*, cxvi (2011), 307–15, at p. 307.

¹¹ *Jour. Amer. Hist.*, xcv, no. 2 (2008).

¹² *Jour. Amer. Hist.*, xcv, no. 2 (2008); *Amer. Hist. Rev.*, cxvi, no. 2 (2011). Outlines of the historiography of the history of the senses can be found in these issues. For a discussion of the differences between history of the senses and sensory history, see M. M. Smith, ‘Producing sense, consuming sense, making sense: perils and prospects for sensory history’, *Jour. Soc. Hist.*, xl (2007), 841–58, at p. 842.

¹³ C.Y. Chiang, ‘The nose knows: the sense of smell in American history’, *Jour. Amer. Hist.*, xcv (2008), 405–16; J. Parr, ‘Smells like? Sources of uncertainty in the history of the great lakes environment’, *Environmental Hist.*, xi (2006), 269–99; M. Smith, *How Race is Made: Slavery, Segregation and the Senses* (Durham, N.C., 2006).

¹⁴ E. Cockayne, *Hubbub: Filth, Noise and Stench in England, 1600–1770* (New Haven, Conn., 2007); C. Brandt, ‘Fume and perfume: some 18th century uses of smell’, *Jour. British Stud.*, xliii (2004), 444–63; M. M. Smith, *Sensory History* (Oxford, 2007); H. Dugan, *The Ephemeral History of Perfume: Scent and Sense in Early Modern England* (Baltimore, Md., 2011); H. Dugan, ‘Scent of a woman: performing the politics of smell in late medieval and early modern England’, *Jour. Medieval and Early Modern Stud.*, xxxviii (2008), 229–52; M. Milner, *The Senses and the English Reformation* (Farnham, 2011); ‘Special issue: The senses’, ed. J. Reinartz and L. Schwarz, *Jour. 18th-Century Stud.*, xxxv (2012), 463–627.

¹⁵ M. McVaugh, ‘Smells and the medieval surgeon’, *Micrologus*, x (2002), 113–32, at pp. 114–15.

¹⁶ C. Classen, D. Howes and A. Synnott, *Aroma: the Cultural History of Smell* (1994), pp. 58–62. See, e.g., Wear, p. 327.

¹⁷ Classen, Howes and Synnott, pp. 60–2.

the treatment of barrenness because they were considered to be sexually stimulating and heating. This article will expand upon the existing historiography of smells in early modern medical treatments to demonstrate that they were not only used to combat miasmatic infections and pestilence. It will also bring together the discussions of medicinal smells with the relatively few studies that have assessed smells and perfume within eroticism and sexuality. These works have shown that in literature that dealt with sex and conception as a matter of eroticism, rather than a medical process, smell was relatively maligned and is perhaps conspicuous by its absence.¹⁸ This is particularly puzzling given the ways in which erotic literature and pornography readily incorporated medical ideas about the body and focused on the reproductive potential of sex as a key measure of its ability to provide pleasure.¹⁹ However, as will be shown here, there were several pungent substances that were overtly accepted as arousing in the medical literature and beyond.

The need to investigate the use of aromatic diagnostics and cures for barrenness is further highlighted by the importance of sight and touch in the diagnosis of early modern pregnancy. Many scholars have examined the experiences of single women, illegitimate pregnancies, potential infanticides and unusual pregnancies – such as those occurring in prisons – and have shown that identifying a pregnancy in these cases relied heavily upon touch and sight: the breasts and abdomen would be squeezed and visual markers, such as the inflation and deflation of the abdomen, would be sought.²⁰ In this situation the woman's body was open and exposed to the senses of her community. By examining the relationship between physicians and barren patients it will be possible to broaden and nuance our understanding of the multi-sensory experience of conception and the potentially pregnant body. It will also begin to reveal the experience of married women whose reproductive bodies were the least likely to be exposed to the senses of the community. Olivia Weisser has suggested that early modern patients relied upon a 'range of sensory perceptions and observations to read and treat their bodily ailments'.²¹ Thus, by moving beyond the senses of sight and touch, it will be demonstrated that odoriferous substances provided a means for penetrating the internal cavity of the body and illuminating the reproductive potential of the generative organs. This, moreover, was not limited to use by physicians: women themselves could employ these diagnostic tools to establish their own fertility. This article will demonstrate that smells provided an alternative treatment option for physicians who may have been refused access to the female body. Although surgeons and midwives may have been allowed to assess the genitalia through touch, it was potentially necessary for practitioners to utilize all of the senses to assess and repair the health of the internal generative organs. In advocating the use of fumes it is apparent that medical men could circumvent the dictates of modesty that may have prevented them from directly applying a sexually stimulating remedy to a female patient's genitals. More than this, medical men also expected the patients themselves and their

¹⁸ K. Harvey, *Reading Sex in the 18th Century: Bodies and Gender in English Erotic Literature* (Cambridge, 2004), pp. 205–8; S. Toulalan, *Imagining Sex: Pornography and Bodies in the 17th Century* (Oxford, 2007), pp. 68–72. Toulalan highlighted the focus in erotic literature upon sight as a means of arousal.

¹⁹ Harvey, pp. 78–101; Toulalan, pp. 62–91.

²⁰ See, e.g., C. McClive, 'The hidden truths of the belly: the uncertainties of pregnancy in early modern Europe', *Social Hist. Medicine*, xv (2002), 209–27; L. Gowing, 'Secret births and infanticide in 17th-century England', *Past & Present*, clvi (1997), 87–115.

²¹ Weisser, p. 324.

husbands to administer these treatments, allowing a remedy to reach the internal cavity of the womb without practitioner interference.

This article examines medical treatises published in the seventeenth century, including one or two that were originally produced in the sixteenth century but continued to sell and be of intellectual significance into the seventeenth century (where sixteenth-century texts have been consulted every effort has been made to use the earliest available edition from the seventeenth century). The period between 1650 and 1750 was characterized by stagnant population growth caused by late marriage and reduced fertility.²² This started to change around 1701 when the age of marriage began to fall, yet, as Tim Hitchcock has noted, a subsequent increase in fertility did not become apparent until after 1750.²³ The characteristically low fertility of the seventeenth century was reflected in the interest shown by medical writers, and the broader populace, about the causes and cures of infertility. Although early modern men and women were unaware of these demographic trends, barrenness was a matter of concern for most medical writers, who discussed the diagnosis, prognosis and cure of the many types of infertility in their works.²⁴ Other disorders that could lead to barrenness were also discussed in these treatises, including dropsy, tumours, inflammations, ulcers and diseases affecting women's 'stones' (ovaries).²⁵ Indeed, historians such as Patricia Crawford, Laura Gowing and Amanda Capern have identified that lay men and women in the early modern period were equally concerned about the reproductive potential of the body and expressed anxiety when faced with barrenness and impotence.²⁶ This widespread apprehension was reflected in popular and ephemeral literature from this period. Ballads including *The Sorrowful Bride* and *The Lamenting Lady* emphasized to a diverse audience the necessity of healthy fertile sexuality in both men and women for a successful and stable marriage.²⁷ In *The Lamenting Lady* a barren woman who scorned a female beggar who had borne twins was punished by God to deliver 'forth in feare, As many children at one time, as daies were in the yeare'.²⁸

The seventeenth century is also of particular interest because at this time there was an explosion of print culture. Printed materials were produced in much greater quantities and covered a wider range of topics and ideas than ever before. The production of medical texts was very popular, particularly following the collapse of censorship and the critique of elite knowledge by radicals during the civil war.²⁹ As Laura Gowing has suggested, one of the central topics of these works was 'the greatest mystery of all' – generation or reproduction.³⁰ These texts ranged from costly folios to cheaper works, and, as Mary Fissell has shown, medical texts could also be bought

²² T. Hitchcock, *English Sexualities 1700–1800* (Basingstoke, 1997), p. 25.

²³ Hitchcock, p. 26.

²⁴ This anxiety lasted into the 18th century (see R. Ganey, 'Milkmaids, ploughmen, and sex in 18th-century Britain', *Jour. Hist. Sexuality*, xvi (2007), 40–67, at p. 46).

²⁵ Nicholas Culpeper, *Culpeper's Directory for Midwives . . .* (1676), sig. A3v–A4r.

²⁶ P. Crawford, *Blood, Bodies and Families in Early Modern England* (Harlow, 2004), pp. 38–40; L. Gowing, *Common Bodies: Women, Touch and Power in 17th-Century England* (2003), p. 115; A. Capern, *The Historical Study of Women: England 1500–1700* (Basingstoke, 2008), p. 24.

²⁷ Anonymous, *The Sorrowful Bride; Or, The London Lasses Lamentation for Her Husbands Insufficiency* (1682–94); Anonymous, *The Lamenting Lady . . .* (1620).

²⁸ Anonymous, *The Lamenting Lady*.

²⁹ Gowing, *Common Bodies*, p. 17.

³⁰ Gowing, *Common Bodies*, p. 17.

second-hand at auctions, making them available to artisans and others.³¹ The ideas perpetuated in these treatises are suggestive of the understandings of the wider populace. Many were reprinted and ran into several editions, indicating some measure of popularity. Numerous medical treatises were presented as self-help manuals designed to provide consumers with useful and relevant information for seeking medical help or attending to their own ailments. The seventeenth century consequently provides a distinct and clear body of literature through which to assess the understanding and use of medical treatments for barrenness. It is not, however, being proposed here that concerns about modesty or the potential use of smell therapies as a strategy for negotiating these tensions were unique to the seventeenth century.³² The use of aromatics for diagnostic purposes and therapeutics was part of the classical medical inheritance utilized throughout the medieval period and the Renaissance. Yet, this does not mean that the role of aromatics should not be thoroughly investigated as a part of early modern medical practices. Even though the use of these substances might not be culturally specific, examining the ways in which aromatics may have been used can add substantially to our understanding of early modern medical practices and patient-practitioner interactions at this time.

In particular, this article will use printed treatises that fit into three broad categories. First, there are the general medical treatises that provided readers with information about the range of diseases that could afflict the body of man. These were often arranged in a head-to-toe format and dealt with diseases in both the male and female body. They were also aimed at both male and female readers. Conversely, the second category, midwifery manuals such as Jane Sharp's *The Midwives Book* or Nicholas Culpeper's *Directory for Midwives*, were addressed to an ostensibly female audience of midwives.³³ Although these books were read by both sexes, these treatises suggest how those directly involved in the care of the female reproductive system, including female medical practitioners and midwives, may have understood barrenness and its treatment. Finally, books aimed at lay women rather than midwives, like *The Compleat Doctress* and *The Sicke Womans Private Looking-glasse*, were produced throughout the seventeenth century.³⁴ Again, as Monica Green has argued, producing vernacular texts aimed at women did not mean that they passed into a solely feminine medical community, but they do reflect a tendency to consider more specifically the female body and the potential responses of female readers.³⁵ These texts explored a range of women's diseases, although they often discussed similar material to the midwifery manuals. Texts like these can be used to glean an idea of how women themselves may have understood these problems and remedies. Examined together these three genres, all predominantly written and published by men, will illuminate the ways in which male medical practitioners sought to deal with a disorder that was intimate to the female

³¹ M. E. Fissell, 'The marketplace of print', in *Medicine and the Market in England and its Colonies, c.1450–1850*, ed. M. S. R. Jenner and P. Wallis (Basingstoke, 2007), pp. 108–32, at p. 112.

³² The terms 'smell therapy' and 'scent therapy' are not used extensively in this article because the author is discussing both aromatic diagnosis and treatment, and because this is not a term found in the early modern sources.

³³ Jane Sharp, *The Midwives Book, Or the whole Art of Midwifery Discovered . . .* (1671); Culpeper, *Culpeper's Directory for Midwives*.

³⁴ Anonymous, *The Compleat Doctress: Or A Choice Treatise of all Diseases incident to Women . . .* (1656); John Sadler, *The Sick Womans Private Looking-glasse: Wherein Methodically are handled all Uterine Affects, or Diseases Arising from the Wombe . . .* (1636).

³⁵ Green, *Making Women's Medicine Masculine*, p. 163.

body and constrained by the dictates of modesty and shame. It may also be possible to highlight whether the advice and types of remedy offered, particularly the use of aromatics and fumes, altered depending on the perceived audience of the text.

Several of the treatises utilized here were originally written or produced on the continent. Their origin, however, does not make them irrelevant to a study of medical ideas in England. At this time many medical writers and practitioners shared in a broader European medical culture. A number of texts by writers across Europe were published in the medical lingua franca, Latin, to reach a wide audience and were then translated into the vernacular languages of different countries. This European medical culture extended beyond the written word, with many English medical students travelling to study at the major European centres of medical learning like Padua, Bologna and Leiden. Thus, although not everything found in these texts was absorbed and adopted by English audiences, the belief of the translators and publishers of such works was that they would find an English readership, and that the information they conveyed was of relevance to English understandings of health and disease.

Richard Palmer has charted in detail the ways in which the sense of smell was understood in early modern medicine.³⁶ This understanding was predominantly based upon the writings of the ancient medical authorities, Hippocrates, Galen and Aristotle. Palmer has suggested that most medical writers and practitioners subscribed to the theory that the two small porous membranes protruding from the brain into the nasal cavity were the organs of smell.³⁷ Despite this general agreement on the organ of smell, the way in which odours were perceived, and indeed what odours actually were, was much more uncertain. One consequence of this uncertainty was that smells were thought to exist in many different forms, including smokes, fumes, balms, waters and powders.³⁸ In terms of their medical properties, many early modern medical writers, including Helkiah Crooke, believed that smells were invisible particles that penetrated the organs in the nasal cavity and touched the brain.³⁹ By touching the brain these substances were therefore able to transfer their humoural properties to the body; as material particles, smells contained the humoural properties of the substances from which they originated. Importantly, smells created by decay and corruption could cause the body to decay and corrupt, linking them with the spread of diseases like plague. The use of sweet and refreshing smells was believed to prevent bad odours from reaching the body, and so fumigations were used to correct pestilential rooms and environments. More than this, as will be seen, sweet and refreshing smells could also be thought to affect the body directly, heating and provoking sexual desire.

The uncertainty around the ways in which smells were understood actually to work in the body becomes even more apparent in discussions of the womb. Many writers reiterated, from a long pedigree of ancient and medieval medical knowledge, that smells were known to affect the womb, causing it to move around the internal cavity of the body.⁴⁰ It was explained that these peculiar sensations resulted from the womb's

³⁶ R. Palmer, 'In bad odor: smell and its significance in medicine from antiquity to the 17th century', in *Medicine and the Five Senses*, ed. W. Bynum and R. Porter (Cambridge, 1993), pp. 61–8, at p. 61; see also Milner.

³⁷ Palmer, p. 62.

³⁸ Dugan, *Ephemeral History of Perfume*, p. 5.

³⁹ Cited in Dugan, *Ephemeral History of Perfume*, p. 12.

⁴⁰ Aromatic substances were used as treatment for the suffocation and descent of the womb in the medieval text the Trotula (see M. H. Green, *The Trotula: an English Translation of the Medieval Compendium of Women's Medicine* (Philadelphia, Pa., 2001), pp. 71–3).

superficial similarity to the brain. Although it is not always apparent in medical treatises why the brain and womb were considered to share qualities, by the latter part of the seventeenth century some writers were attempting to explain this connection. William Salmon, while describing the virtues of ‘hystericals’ (substances that were used as treatments for the womb) in *Synopsis Medicinae* (1671), declared that ‘These are known chiefly by their scent: for sweet scents draw the Womb that way they are applyed; stinking scents the contrary: and the reason is, because it sympathizes with the head and brain, from whence the nervous parts take their beginning’.⁴¹ Nicholas Culpeper agreed in *Select Aphorismes* that ‘The Womb, thus resembles the Brain and Ventricle, that it manifestly draws to Cephalicks and Aromaticks, and flies from their contraries’.⁴² Yet even in these descriptions it is not clear how aromatic medicines caused these effects; it may have been that the similarity to the brain meant that the womb could also be touched by the particles of an odour. This confusion was apparent to some writers at the time who attempted to rationalize this phenomenon: Daniel Sennert asserted in *Practical Physick* that ‘it is probable to me that the womb is not delighted with Scents as Scents, for the Privities have no smelling, and the sense of smelling doth not reach so far; but the quality by which it is well or ill, is occult, and not to be explained, and not to be separated from the Odors’.⁴³ As will be seen below, this ambiguity allowed for the idea that certain odours could impart heat and could sexually stimulate the womb, thus enhancing its fertility.

The potent effect that smells appeared to have upon the womb had long been utilized to explain and cure several diseases, predominantly the suffocation of the mother, or mother fits, and a prolapsed uterus.⁴⁴ The suffocation of the mother, in which the womb rose towards the diaphragm and induced breathlessness, was thought to be caused by numerous aromatic substances. Additionally, it was believed that the womb would be drawn towards sweet smells, so placing them at different points on the body would return the womb to its correct position. In the seventeenth century, Nicholas Culpeper explained in the most basic terms that, ‘in the fits of the Mother, which is the Womb turned upwards, stinking things applied to the Nose, and sweet things to the Matrix, reduce it, but sweet things applied to the Nose, and stinking things to the Matrixe produce it’.⁴⁵ The aromatic substances utilized in this instance could be quite diverse, including burnt partridge feathers, leather, asafoetida, galbanum, rue, civet, musk and cloves.⁴⁶ Similar remedies were also offered to correct a prolapsed uterus, where placing foul smelling substances at the genitals was thought to encourage the womb to rise back into its correct position.⁴⁷ Yet, Eccles noted that the best surgeons, in cases such as this, still reduced the prolapse using their hands, a candle or a blunt stick padded with rags.⁴⁸ Despite the widespread recommendation of treatments of this kind

⁴¹ William Salmon, *Synopsis Medicinae, or, A Compendium of Astrological, Galenical and Chymical Physick . . .* (1671), p. 359.

⁴² Nicholas Culpeper, *Select Aphorismes: Concerning the operation of Medicines according to place in the Body of fraile Man* (1655), p. 77.

⁴³ D. Sennert, *Practical Physick; The Fourth Book . . . By Daniel Sennertus, N. Culpeper, and Abdiah Cole . . .* (1664), p. 63.

⁴⁴ Green, *Trotula*, pp. 71–3.

⁴⁵ Culpeper, *Select Aphorismes*, p. 77.

⁴⁶ These examples were taken from a list that is fairly representative (Sennert, pp. 110–11).

⁴⁷ See, e.g., Nicholas Culpeper, *A Directory for Midwives: Or, A Guide for Women in their Conception, Bearing, and Suckling their Children . . .* (1668), p. 76. Eccles discusses these treatments but with little consideration for concerns about access to the female body (p. 80).

⁴⁸ Eccles, pp. 80–1.

for these hysteric disorders, not all authors were convinced that the womb was affected by aromatics in this way. Even Culpeper, who recited these treatments and in general asserted that they worked, criticized those 'Sots' who believed that the womb contained a sense of smell.⁴⁹ Despite these controversies, recommending the use of aromatic substances to manipulate the position of the womb within the body and restore health was a consistent part of medical treatises throughout the medieval and early modern periods. This was not, however, the only function that smells could serve; they were also discussed by medical writers as a means of diagnosing barrenness in women, and often recommended as treatments for this disorder.

Each of the three genres examined in this research included the use of odours as a means of testing a woman's fertility. To do so garlic, red storax or another smelly substance was placed beneath or within the woman's genitals; if the smell from this substance moved through the woman's body to her head it indicated fertility. These tests were consistently described as having been recommended by Hippocrates, and authors appealed to this pedigree to assert the test's authority.⁵⁰ The use of odoriferous substances to diagnose barrenness not only demonstrates that smells were utilized in reproductive medicine to manipulate the womb's position, but also illuminates the ways in which smells could be used to gain access to the internal cavity of the body without the use of touch and sight. It has been widely suggested that physicians in the early modern period did not touch their patients, except to take a pulse, while surgeons and midwives, and irregular practitioners, engaged in a much more tactile form of practice.⁵¹ It has also been assumed that much gynaecological medicine was provided by midwives and surgeons, who in particular were known to treat venereal disease.⁵² Yet, several scholars have noted that the boundaries between different forms of medical practice were blurred in this period and that it is difficult to make definitive statements about the practices employed by specific groups of practitioners.⁵³ Access to the female barren body was therefore a complex issue. Patricia Crawford has suggested that this issue was heightened during the sixteen-seventies as fears about fraudulent 'Groaping Doctors' developed.⁵⁴ These practitioners claimed that they could not discover the cause of a woman's disorder without feeling and touching a woman's genitalia.⁵⁵ Winfreid Schleiner has also shown that Renaissance medical practitioners were concerned about manipulating the female genitals, in cases of suffocation of the mother, and so found it necessary to call for a midwife who could touch the organs instead.⁵⁶ Moreover, he has shown that even when these men called upon the

⁴⁹ Culpeper, *Select Aphorismes*, p. 77.

⁵⁰ See H. King, *Hippocrates' Women: Reading the Female Body in Ancient Greece* (1998), p. 31. L. Totelin, *Hippocratic Recipes: Oral and Written Transmission of Pharmacological Knowledge in 5th- and 4th-Century Greece* (Leiden, 2009), p. 103. The test attributed to Aristotle in this book is different to those recited in the early modern period – the smell is intended to colour the eyes and saliva.

⁵¹ M. Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians and Irregular Practitioners, 1550–1640* (Oxford, 2003), p. 220; Cavallo, p. 26.

⁵² Pelling, pp. 210–16.

⁵³ R. Porter and D. Porter, *Patient's Progress: Doctors and Doctoring in 18th-Century England* (Stanford, Calif., 1989), pp. 17–18.

⁵⁴ Crawford, p. 34.

⁵⁵ Crawford, p. 34; see also Churchill, p. 88.

⁵⁶ Schleiner, pp. 115–16. This concern also related to the status of the woman. It was thought to be less acceptable to touch virgins, as the therapy might spoil their virginity; this was perhaps less of a concern in a discussion of fertility where medical writers assumed that their patients were married (see also Eccles, pp. 79, 83).

mediating touch of the female hand they could still express anxieties about the potentially shameful nature of that touch if it was needlessly titillating.⁵⁷ These aromatic tests, however, demonstrate that physicians and other medical practitioners could utilize a range of multi-sensory techniques to assess and penetrate the female reproductive organs in order to diagnose barrenness, and could similarly use smells to treat these disorders. These tests could thus have been employed to safeguard a male practitioner's reputation.⁵⁸ They could also be utilized by women themselves to avoid the unwanted gaze and touch of a male practitioner.

Before examining these tests more fully, it is worth highlighting that they were unique to the female body. Male infertility, which along with impotence was recognized in the early modern period, was also tested for but without utilizing materials that penetrated the reproductive organs and body. Men's bodies were most frequently described as being tested alongside women's bodies through their urine: each partner had to urinate into a pot that had been planted with barley, or other grain, and the seed that sprouted first demonstrated the fertility of the person who had watered it.⁵⁹ A similar test was also suggested where both parties urinated on a lettuce leaf and the person whose urine dried away (evaporated) from the leaf first was thought to be infertile.⁶⁰ As far as this research has shown, only one text recorded a test for male infertility that was not conducted in conjunction with the woman: Christopher Wirtzung's general medical treatise suggested, 'let him pisse in a pot, and let the urine stand awhile, if wormes grow therein, then is that urine barren'.⁶¹ It would thus seem from these tests that male fertility could be established externally, without any need for accessing or assessing the internal structure of the reproductive organs.

In general medical compendiums, written for both a male and a female audience, there appears to be little consensus about who should carry out these tests or on whose authority the final diagnosis rested. In some treatises the suggestion is made that they will be carried out by someone other than the female patient. Daniel Sennert wrote that, '*Hippocrates proves Barrenness thus. Put a Fume (Saith he) under the Coats of a woman, and let her be close clothed about, and if the scent come to the Nose, she is not barren, and he bids you put Garlick clenched into the wombe, and if she smell of it at the Mouth, she is fruitful*'.⁶² This extract does not exclude the possibility of a female reader doing this test herself, but the suggestion is perhaps that the physician will be conducting it. In particular, it is apparent that it is someone other than the woman who is detecting the outcome of the test: it is the ability of a physician to detect the smell of garlic on a woman's breath that dictates whether or not she is eventually diagnosed as barren.⁶³ Lazarus Riverius was more explicit in avowing that it was physicians who employed these tests, stating '*cover her with blankets, and burn some perfume under her*', but he noted

⁵⁷ Schleiner, pp. 115–16; see also Bicks, pp. 77–9.

⁵⁸ Churchill noted that practitioners were aware of the importance of sexual trust and propriety in maintaining their own reputations and that male practitioners took steps to maintain this (Churchill, p. 89).

⁵⁹ Thomas Raynalde, *The Birth of Mankinde* . . . (1604), p. 191; Sharp, p. 164; Nicholas Culpeper, *A Directory for Midwives: Or, A Guide for Women* . . . (1671), p. 74.

⁶⁰ Christopher Wirtzung, *The General Practise of Physicke* . . . *Translated into English, in divers places corrected, and with many additions illustrated and augmented, By Jacob Mosan* . . . (1605), p. 296.

⁶¹ Wirtzung, p. 296.

⁶² Sennert, p. 136 (original emphasis).

⁶³ See also Robert Johnston, *Praxis Medicinae Reformata* . . . (1700), p. 246.

that they were used in cases that were ‘of a certain hidden disposition’ and usually at the instigation of those outside the medical profession: ‘yet are Physicians necessitated sometimes to make use of them, in favour of Princes and Nobles, who are permitted to divorce their Wives in case of Barrenness’.⁶⁴ Although Riverius’s text suggested that these tests ‘carry no great certainty’, it was again implied that it was the physician’s sensory perception that made the final diagnosis, smelling the woman’s breath and head.⁶⁵ These physicians may have described these tests both to show their familiarity with Hippocratic medicine and as a way of accessing a female body with which they had been denied visual and tactile contact.

Conversely several medical treatises expected physicians to be granted access to the female body and suggested that assessing fertility rested on the symptoms that would be detected visually and by touch during a consultation. At the very start of the seventeenth century, an edition of Philip Barrough’s sixteenth-century text listed the many signs of barrenness to which a physician should pay attention, noting that ‘The rest of the causes may be knowne, partly by sight, and partly by the telling of the partie or other about her’.⁶⁶ Most of the signs Barrough noted were physical aspects of the body, including the hairiness of the genitalia, and behavioural traits, such as a loss of sexual desire.⁶⁷ In other examples the authors go further in proposing that the tests, including those that utilized smell, were only relevant for non-physicians who were not expert enough to detect barrenness without them. In the 1659 treatise *The Hidden Treasures of the Art of Physick* John Tanner explained that most of the signs of barrenness were ‘evident to the Senses . . . he who cannot discover hath not a Head befitting a Physitian: therefore, to abbreviate the work, I shall leav[e] it to the search of the Ingenious, and trouble the Reader with a few Rules, left by the Ancients, to try whether a Woman be naturally barren or no’.⁶⁸ William Salmon concurred with this opinion in his own late seventeenth-century tract, which argued that ‘Antiquity has proposed several ridiculous things [for diagnosing barrenness] . . . But it may far better be knowne, by the cold temperature of the Woman, her strait Loins, defect of hair on her *Pubes* and other Parts, and by the Whites’.⁶⁹ Salmon did not recite the perfume/ odour test but instead, as can be seen, thought that feeling the temperature of the woman and visually examining her genital region would suffice.

It was perhaps this assumption of male access to the female body that encouraged some writers to include perfume-based tests that would have allowed women a measure of control over who saw and handled their genitalia. Indeed Tanner included the garlic/galbanum test for his reader to try.⁷⁰ More explicitly Christopher Wirtzung’s treatise, an English edition of which was published 1605, described these tests as relying completely on the woman’s sensory perception of the results: ‘if the woman finde that this smoke go through the body, and feeleth it in her nose, then is she fruitful’.⁷¹ In this

⁶⁴ Lazarus Riverius, *The Practice of Physick in Seventeen Several Books . . . By Nicholas Culpeper, Physitian and Astrologer. Abdiah Cole, Doctor of Physick. And William Rowland, Physitian . . .* (1655), p. 505 (original emphasis). Repeated verbatim in the 1668 and 1678 editions.

⁶⁵ Riverius, p. 505.

⁶⁶ Philip Barrough, *The Method of Phisick . . .* (1601), p. 202.

⁶⁷ Barrough, p. 202.

⁶⁸ John Tanner, *The Hidden Treasures of the Art of Physick Fully Discovered in Four Books . . .* (1659), p. 345.

⁶⁹ William Salmon, *Systema Medicinale, A Compleat System of Physick Theoretical and Practical . . .* (1686), bk. V, p. 237.

⁷⁰ Tanner, p. 345.

⁷¹ Wirtzung, p. 296.

text the garlic test was slightly altered in that it involved no direct contact with the reproductive organs; instead the garlic was placed beneath the woman's back. Yet here it was the woman's sensory perception that created the diagnosis; if 'she feele the smell in her nose, then is it a token of fruitfulness'.⁷² In these instances, the physician appears distanced from the actual diagnosis, or entirely absent from the process. This may, of course, reflect the fact that many of these texts were designed as self-help guides intended to educate readers about their bodies, ailments and cures.⁷³ Nonetheless, the authors of these texts often aimed to create a knowledgeable audience who would seek the appropriate help from a physician when necessary. These books advertised the knowledge, reputation and efficacy of a physician's practice and sought to secure his role in the medical marketplace.

In several texts addressed to midwives there is an absence altogether of much diagnostic information.⁷⁴ This may imply that for midwives, and perhaps trusted man-midwives, access to the female body was not problematic and a diagnosis could be made through sight or touch or both. Only a few midwifery treatises included the use of fumes to test for barrenness. Again there is little coherence about who should be conducting these tests. In an early seventeenth-century edition of Jakob Rueff's *The Expert Midwife* the identity of the person conducting the test is ambiguous: 'so that if a fume being used underneath, be perceived above by smelling' it is a sign of fruitfulness.⁷⁵ However, Rueff did go on to comment that, 'Some old women likewise have their signes by which they observe whether the greater sterility of unfruitfulness be in the husband, or in his wife', which suggests that he did draw distinctions between which types of practitioners utilized particular diagnostic tools.⁷⁶ Hugh Chamberlen's translation of François Mauriceau's original French text was similarly unclear. It included a description of the test in both Latin and in English, in which the woman was wrapped in clothes, suggesting the involvement of at least one other person. Despite the potential presence of the midwife, the diagnosis rested upon whether 'she perceive the sent [*sic*] to pass through her body to her nose and mouth'.⁷⁷ Even more obscurely James MacMath's *The Expert Midwife*, published in Edinburgh in 1694, only noted that 'The Vent of *Perfumes* up through the *Womb*, to the Mouth and Nostrils, is made a sure *Sign* of *Fecundity*'.⁷⁸ The suggestion made in this genre of medical text is thus that the midwife would usually make the diagnosis, but that the potential existed for a woman either to conduct the test herself or to use her own sensory authority to assert that she was fertile. Similarly, books addressed to lay women, rather than

⁷² Wirtzung, p. 296.

⁷³ M. Solomon, *Fictions of Well-Being: Sickly Readers and Vernacular Medical Writing in Late Medieval and Early Modern Spain* (Philadelphia, Pa., 2010), pp. 26–32.

⁷⁴ The following texts do not contain the test: Anonymous, *The English Midwife Enlarged Containing Directions to Midwives* . . . (1682); Peter Chamberlen, *Dr. Chamberlain's Midwives Practice: Or, A Guide For Women in that High Concern of Conception, Breeding, and Nursing Children* (1665); William Sermon, *The Ladies Companion, Or, English Midwife Wherein is Demonstrated the Manner and Order of How Women Ought to Govern Themselves* . . . (1671); Nicholas Fontanus, *The Womans Doctour, Or, An Exact and Distinct Explanation of All Such Diseases as are Peculiar to that Sex* . . . (1652).

⁷⁵ Jakob Rueff, *The Expert Midwife: Or, An Excellent and Most Necessary Treatise of the Generation and Birth of Man* . . . (1637), p. 17, irregular pagination; see also Raynalde, p. 192.

⁷⁶ Rueff, p. 18.

⁷⁷ Francis Mauriceau, *The Diseases of Women with Child, and In Child-bed* . . . (1672), p. 5.

⁷⁸ James MacMath, *The Expert Midwife: A Treatise of the Diseases of Women with Child and In Child-Bed* (Edinburgh, 1694), p. 5 (original emphasis).

midwives, did not always include these tests.⁷⁹ Again this may reflect the ability of women to know their own bodies and assess their own symptoms and so have no need to conduct a test that probed the internal cavity of the womb. Moreover, the tone of these works, when the test was included, placed the woman at the centre of the diagnostic process: 'but if shee feeles not the fume in her mouth and nose, it argues barrenness'; 'if the woman feel the smoke ascend through her Body to her Nose, then she is fruitful'.⁸⁰

Thus, diagnosing barrenness could be a multi-sensory endeavour involving a variety of people, including physicians, surgeons and midwives. In early modern medical treatises the use of laudanum, garlic and red storax was often considered an aspect of this diagnosis. In many cases, it is evident that the female patient was a central figure in confirming a diagnosis of infertility. Additionally, it is plausible that as well as serving to demonstrate learned knowledge of Hippocratic medicine, these tests were also recounted because they allowed a variety of people access to the female body. For male physicians who relied upon visual and tactile interaction with the female genitalia for diagnostic purposes, the use of fumes allowed access to the bodies of modest patients who refused examination. Odoriferous fumes were particularly pertinent in this instance as they were associated with truth and knowledge, because of their ability to move beneath the skin and penetrate the internal body.⁸¹ Conversely, for those women who had not yet sought the advice of a physician or who were reluctant to allow any access to their bodies, it was a test they could do themselves, knowing that often it was the woman's own interpretation of the results that assured a diagnosis.

As noted above, early modern medical writers frequently advocated the use of smells in cases of suffocation of the mother to move the womb back into its correct position. Aromatic substances were also widely recommended for the treatment of barrenness. At least one medical author suggested that this treatment for barrenness would move the womb back into a healthy position, thereby improving the chances of conception.⁸² However, for most medical writers it was the ability of certain smells to heat and stimulate the womb that made them applicable. Odours and fumes could penetrate the body and carried the humoural, and occult (hidden), qualities of the substance they were taken from into the womb. The odours that were most frequently recommended were thought to be aphrodisiacs: they warmed the body, creating sexual desire, and through sympathy (sometimes called the doctrine of signatures) sexually stimulated the womb. Thus, they encouraged a woman to engage in intercourse, which was clearly necessary for conceiving a child. Certain remedies were recommended for use immediately before engaging in intercourse to stimulate the reproductive organs and increase sexual desire. Modern approaches tend to polarize sensual arousal and medical understanding of fertility and conception but this does not accurately reflect the complexities of early modern understandings of these issues. Sexual pleasure/desire and fertility were inherently connected facets of the same medical process; to stimulate desire was to improve the fertility of the body, and fertile sex was more pleasurable.

⁷⁹ See Anonymous, *The Compleat Doctress*; Richard Bunworth, *The Doctresse: a Plain and Easie Method of Curing those Diseases which are Peculiar to Women* . . . (1656); Nicholas Fontanus, *The Womans Doctour*; John Pechey, *General Treatise of the Diseases of Maids, Bigbellied Women, Child-Bed-Women, and Widows* . . . (1696).

⁸⁰ Sadler, p. 111; Alessandro Massaria, *De Morbis Foemineis, The Womans Counsellour: Or the Feminine Physician* . . . (1657), p. 120.

⁸¹ Smith, *Sensory History*, p. 60.

⁸² Sermon, pp. 12–13.

Heat was a fundamental element of the sexual and reproductive capabilities of an early modern body. A fertile body was believed to be warm and moderately moist; a body that was cold was frigid. Frigidity caused the body to lack sexual desire, be unresponsive to sexual pleasure and consequently unable to conceive.⁸³ Early modern medical practitioners mostly seem to have subscribed to the idea that male and female bodies were analogous, so that both men and women produced a seed that was released at orgasm to create a conception. Thus, without female sexual desire and pleasure there could be no conception. An overly cold disposition of the womb was further thought to quench the heat of the male seed, which was vital for imparting new life to the conception. Many infertility remedies were offered in early modern medical treatises, not all of which were designed to stimulate sexual desire. Nonetheless, those substances that did provoke sexual desire and encouraged sexual pleasure were ubiquitously understood to be beneficial for aiding conception and promoting fertility.⁸⁴ Hot foods, including spices and meats, that stimulated sensations of warmth when consumed or applied externally to the body were often considered to be sexual stimulants, because they combated frigidity and promoted sexual desire.⁸⁵

It is apparent that heat was perceived to be integral to the efficacy of many remedies utilizing aromatics. Medical writers did not explain fully how these substances were supposed to act upon the body but did inform their readers that it was the heat of these substances that was important. The general medical text by Theophile Bonet, a Swiss physician practising in Geneva, suggested that fumes and steams in general were good for women suffering from types of barrenness caused by cold.⁸⁶ Here Bonet suggested that no matter what ingredients were used, all fumes were to some extent warming. More explicitly, when describing a pessary made from the gall of a goat or wolf combined with musk and civet, it was noted that 'For all these things lax, draw the Womb downwards, heat, and stimulate *Venus*'.⁸⁷ Other texts also advised that certain smells were inherently warming. The 1662 English translation of Felix Platter's *Practice of Physick*, produced by Abdiah Cole and Nicholas Culpeper, included many references to the personal practice of both Cole and Platter, and so provides a good indication of what medical practitioners believed about their medicines.⁸⁸ Within the chapter on absence of copulation the text explained to readers that 'Sweet scents provoke not only by refreshing, but by heating and piercing, as Amber-greece, Musk, Civet'.⁸⁹ As will be seen throughout the rest of this article these were three of the most commonly recommended aromatic substances for the treatment of barrenness.

In addition to humoural/constitutional explanations of medicines provided in the seventeenth century, medical practitioners believed that certain medicinal substances

⁸³ For a discussion of frigidity and infertility, see J. Evans, 'Procreation, pleasure and provokers of lust in early modern England, 1550–1780' (unpublished University of Exeter Ph.D. thesis, 2010).

⁸⁴ Evans, pp. 183–96.

⁸⁵ Evans, pp. 180–96.

⁸⁶ Theophile Bonet, *Mercurius Compitalitius: a Guide to the Practical Physician . . .* (1684), p. 569; see also Walter Charleton, *Physiologia Epicuro-Gassendo-Charltoniana . . .* (1654), p. 239.

⁸⁷ Bonet, p. 570 (original emphasis).

⁸⁸ A. Cunningham, 'The Bartholins, the Platters and Laurentius Gryllus: the *peregrinatio medica* in the 16th and 17th centuries', in *Centres of Medical Excellence? Medical Travel and Education in Europe, 1550–1789*, ed. O. P. Grell, A. Cunningham and J. Arrizabalga (Farnham, 2010), pp. 3–16, at p. 10.

⁸⁹ Felix Platter, *A Golden Practice of Physick in Five Books . . . By Felix Plater . . . And R. W. Abdiah Cole . . .* (1662), p. 171. The heating qualities of these drugs are also related in Jacques Ferrand, *Erotomania: Or A Treatise Discoursing of the Essence, Causes, Symptoms, Prognosticks, and Cure of Love, or Erotic Melancholy* (Oxford, 1640), p. 238.

worked through sympathy or through occult (hidden) qualities. As Daniel Sennert explained, when describing diseases of the womb caused by smells: ‘There are many Qualities in Nature that are hid from our Senses, and yet we cannot deny them, because we see their Effects’.⁹⁰ The presence of these virtues was made manifest by the outward appearance or behaviours of the plant or animal from which they were taken. Medical writers described a plethora of substances that were believed to encourage sexual desire and improve reproductive ability in this way. In particular, phallic plants, such as certain orchis species, and the genitalia or brains of potent, vigorous or lascivious animals were believed to pass sexual vitality to the consumer.⁹¹ It is thus very plausible that musk and civet, as the glandular secretions of the musk deer and civet cat, were believed to be sexually stimulating, and thus particularly relevant for the treatment of barrenness.⁹² A similar substance, castoreum, the testicular secretion of the beaver, was also often described as an aphrodisiac in medical texts. The use of musk, civet, ambergris and other aromatic substances was therefore not simply a means of moving the womb into the correct position: they were intended to stimulate sexually and heat the reproductive organs of the woman, making her both more fertile and more inclined to engage in intercourse and thus conceive a child.

Having diagnosed barrenness, medical writers proffered a vast range of medicines and treatments in their texts, including internal medicinal compounds, fomentations, lotions and pessaries. Many general medical compendiums also included aromatic treatments for barrenness, which contained a range of ingredients but often featured musk, civet, storax, sage, alipta moschata and frankincense.⁹³ As already noted, some of these remedies were designed to stimulate sexual desire and encourage sexual pleasure, including some smells and fumes. The aphrodisiac qualities of these medicaments potentially complicated the nature of treatment for barrenness. The involvement of the male physician or practitioner may have been viewed as inappropriate in a situation where the intended outcome was sexual arousal. Smells could therefore have provided a means of applying sexual stimulants to the genitals and reproductive organs without direct contact, although it is not always clear who was meant to apply fragrant lotions. As will be shown in this final section, medical writers described the application of pungent remedies with a range of terms that allowed for the removal of the medical practitioner. Although this author is not suggesting that male practitioners never applied these remedies, nor that they were always recommended as a way of avoiding patient/practitioner contact, it is possible that the use of smells was one part of a multi-sensory approach to the treatment of barrenness that provided a range of options for the patient.

It is not always apparent who administered a particular remedy. It may be that the use of fumes was just another means of dispensing the appropriate remedy and that the author did not consider the question of access to the patient’s body. Daniel Sennert’s *Practical Physick* merely asserted that fumes and baths were also relevant and recited the receipt for the appropriate fume.⁹⁴ Similarly Culpeper’s edition of Riverius’s *The Practice of Physick* explained only that ‘before or after the Injection’, which was

⁹⁰ Sennert, p. 63.

⁹¹ For a discussion of aphrodisiacs, see Evans, pp. 221–31.

⁹² The aphrodisiac qualities of these substances are noted in Classen, Howes and Synnott, p. 72.

⁹³ Storax is a fragrant resin of the tree *styrax officinalis* (see *The Oxford English Dictionary Online* <<http://www.oed.com>> [accessed 24 July 2012]).

⁹⁴ Sennert, p. 138.

strongly scented, containing musk, ambergris, alipta moschata and civet, 'this following Fumigation may be used'.⁹⁵ After listing the ingredients the text only directed the reader to 'let one or two [troches] be laid upon burning coals, and let the smoak be received by a Funnel into the Patients Womb'.⁹⁶ A more pressing concern for Riverius was the wealth of the potential patient: 'The poorer sort may be smoaked with Mirrh, Frankincense, Lignum Aloes, Storax, Benjamin, Cinnamon and Cloves, of each a like quantity'.⁹⁷ Although this language is ambiguous, some general texts were more explicit in stating that women themselves should administer fumigations: the 1650 edition of *The General Practise of Physicke*, originally compiled in German by Christopher Wirtzung, told readers: 'It were also very good that whe[n] such women arise a mornings, they do gird about them a lo[n]g garment, and set some fire under them, and to strew therein this powder following, that she may receive the vapour thereof, and use a little at once'.⁹⁸ This fume contained musk and amber, among other pungent substances. In this instance, the medical practitioner was entirely removed from the treatment process.

Although it was not always clear who was supposed to perform these cures, it is evident that many physicians offered a range of remedies including pills, drinks, topical applications and fumigations. Therefore, it is possible that the readers of these texts may have selected only those medications that allowed them to restrict access to their reproductive bodies. Moreover, it may be that one of the reasons why medical writers included such a variety of medicinal types was to highlight their ability to provide treatment in all circumstances. If a woman did not want direct physical contact and intervention these books make it clear that the physician can still treat the patient without visual or physical contact. As John Sadler lamented in the introduction to his medical treatise *The Sick Womans Private Looking-glasse*, women were likely to suffer needlessly in cases of 'hysteric' diseases because of ignorance and because 'through her modestie, being loth to divulge and publish the same unto the Physitian to implore his aide, shee conceals her grieffe and so encreaseth her sorrow'.⁹⁹

In midwifery manuals again fumigations were featured, potentially allowing practitioners to utilize aromatics to enter into the womb and provide relief without direct tactile interaction. Indeed Jakob Rueff's treatise stated that 'it is certaine, that the Fumes or Suffumigations before prescribed, to be the most approved of many later Physicians'.¹⁰⁰ This praise may reflect the fact that smells could directly enter the womb and so perhaps provided a fast form of relief. Rueff's instructions for fertility treatments also suggested liniments, ointments and pessaries. Yet the descriptions he provided suggest that fumes were the main form of treatment that could be supplemented by pessaries if desired. For example, the treatise explained 'let Trochisks be made with a hot Pestle, of which being cast upon the coales, let a fume be made underneath thorow a Tunnell: Likewise Pessaries may be made of the Masse or Lumpe of them'.¹⁰¹ Thomas Raynalde's translation of Roesslin's midwifery text *The Birth of Mankinde* was clear in its instructions that this method was one enacted by the woman herself:

⁹⁵ Riverius, p. 509.

⁹⁶ Riverius, p. 509 (original emphasis).

⁹⁷ Riverius, p. 509. This advice was repeated in John Pechey, *The Store-house of Physical Practice: Being A General Treatise of the Causes and Signs of All Diseases Afflicting Human Bodies . . .* (1695), p. 399.

⁹⁸ Wirtzung, p. 300.

⁹⁹ Sadler, sig. A5v (original emphasis). This was part of a traditional topos of shame seen in medieval texts (Green, *Making Women's Medicine Masculine*, pp. 167–9).

¹⁰⁰ Rueff, p. 55.

¹⁰¹ Rueff, p. 53.

seeth these [the ingredients] together in faire water, and when they be perfectly sodden, then let the woman set her selfe over the vapour thereof, sitting groveling, other els set on a cover made for the nonce with a tunnell or conduite, thorow the which the vapour may be directed into the womans privie passage, the neere thereby, that the vertue thereof may approach unto the wombe or wombe port.¹⁰²

Similarly to Rueff's text, Raynalde's continued by suggesting that the mixture could also be applied to wool or linen and inserted into the vagina.¹⁰³ Books for women also included a range of medicines that could be used together or individually: *The Sicke Womans Private Looking-glasse* included a complex mixture of ingredients that was to be split into several parts, each of which was to be made into a 'pomum odoratum', pills, a pessary and a suffumigation.¹⁰⁴ However, it appears that it was less common for these writers to recommend a range of fumigations. The marginalization of fumes and odours in these books may reflect the fact that women had easy access to their own bodies. This interpretation is, perhaps, reinforced by the absence of fumes designed specifically to address female barrenness found in domestic recipe books. While certain female recipe collectors did include fumes, these were often directed at non-reproductive health problems including gout and cold and wind in the body.¹⁰⁵

As suggested above, in addition to the use of a tunnel/funnel, which may have been partially inserted into the vagina, many midwifery texts described the use of a stool for fumigating. The midwifery treatise of William Sermon (1671) offered three fumigations for the correction of barrenness. To administer these remedies Sermon directed 'put the pot under some stool, having a hole in the midst thereof: through which let the woman receive the fume up into her privy parts'.¹⁰⁶ John Pechey likewise explained that a fumigation for barrenness should be made in the following way: 'Take juyce of *Bistort*, *Schoenanth*, Cypress nuts, red Storax, and Mastick, one ounce, Hares-dung; mix them, and pound them well together, and make a Fumigation; let the patient receive it sitting on a stool with a hole in it'.¹⁰⁷ It is apparent in these texts, that even when midwives might have access to the body, male writers still offered a range of options for introducing medicinal substances to the womb. In some cases they favoured fumigations, and presented them as a means for women to enact their own treatment.

A second method of introducing the scent of musk and civet into the womb was to apply it directly to the genitalia.¹⁰⁸ In this instance it is evident that the medical practitioner was not involved in the treatment; instead the musk or civet was applied by the woman herself or her husband.¹⁰⁹ Application to the husband's penis acted as a form of pessary allowing the remedy direct contact with the internal cavity of the reproductive organs. The *Practice of Physick* explained, 'let the Man smear his Yard with

¹⁰² Raynalde, p. 195.

¹⁰³ Raynalde, p. 196.

¹⁰⁴ Sadler, pp. 114–15.

¹⁰⁵ British Library, Additional MS. 72619, Trumbull papers, vol. cclclxxviii, fos. 79r, 89r; Wellcome Library, MS. 373, Jane Jackson, fo. 47r; Wellcome Libr., MS. 751, Elizabeth Sleight and Felicia Whitfeld, fo. 22.

¹⁰⁶ Sermon, p. 8.

¹⁰⁷ John Pechey, *The Compleat Midwife's Practice Enlarged in the Most Weighty and High Concernments of the Birth of Man . . .* (1698), p. 319.

¹⁰⁸ Non-aromatic ointments were also applied in this way. Sir William Wentworth recorded that his father had an ointment applied to his genitals by an angel (William Wentworth, *Wentworth Papers 1597–1628*, ed. J. P. Cooper (Camden, 4th ser., xii, 1973), p. 28).

¹⁰⁹ Beier noted that Samuel Pepys applied a tent to his wife's genital swelling/abscess, showing that husbands could be involved in gynaecological treatments (Beier, p. 145).

Civet immediately before he joyne himself'.¹¹⁰ Alternatively, following a lengthy description of strong smelling baths, injections and pessaries designed to improve female fertility, Riverius suggested that a mixture containing civet, musk, ambergris and liquid storax should be applied to the woman's perineum.¹¹¹ In this treatise it is very clear that the man himself was to apply this remedy, yet for women the tone was more ambiguous: 'let her be nointed [*sic*] with'.¹¹² This ambiguity would potentially have allowed the husband to anoint his wife, if these two prescriptions were read together, or the woman to anoint herself, or for her to be anointed by a third party such as a midwife. However, the context within which this remedy was intended for use, right before intercourse, is likely to have limited the involvement of other parties. Although sex was not always a private affair, it is not explicitly suggested in any of the medical texts examined here that medical practitioners would be present at this moment, but neither is their presence explicitly rejected.

Many other medical writers repeated the recommendation for the man to anoint his penis with civet just before intercourse. The seventeenth-century edition of Felix Platter's medical treatise stated that 'privately before Copulation, let the man anynt his Yard wit [*sic*] Civet or the Gall of a Hen'.¹¹³ Here it is clear that the man alone was involved in the application of this medication. It is also implied that this remedy could be enacted without the woman's knowledge. The treatise further tried to explain why this was a successful remedy: 'If a man afore Copulation anynt his Yard with Civet, in regard the Womb is delighted with the scent thereof, some think the Seed will be sooner received'.¹¹⁴ Although at first glance this explanation does not indicate how the smell was thought to act, one possible interpretation would be that it was to do with the sexually stimulating nature of civet. Medical texts explained that sexual desire and pleasure were necessary to ensure that the neck of the womb opened during intercourse, so allowing the man's seed access to it.¹¹⁵ Without this opening, conception would inevitably fail as the passage of the seed would be blocked, preventing it from reaching its final destination – the womb. In this instance the sexually stimulating nature of civet was intended to 'delight' the womb, ensuring it was open and amenable to conception.

It was not only in medical texts for a general audience that this method of introducing smells to the womb was advocated. The texts ostensibly addressed to a female audience also repeated these recommendations. The 1652 English edition of Nicholas Fontanus's *The Womans Doctour* was explicit that it was the husband and wife themselves who should administer this remedy:

when the man and the woman intend conjunction, let him anoint his yard with oyle of *mastick*, and *wormewood* mingled with a few graines of *musk* and *civet*; and let the woman also anynt her privie parts therewith, as well within as without; for by this means there is raised mutuall inclination to *Venery*, and the seed is received with a greater pleasure, and is more duely retained and elaborated.¹¹⁶

¹¹⁰ Riverius, p. 509 (original emphasis).

¹¹¹ Riverius, p. 509.

¹¹² Riverius, p. 509.

¹¹³ Platter, p. 171.

¹¹⁴ Platter, p. 177.

¹¹⁵ See, e.g., MacMath, p. 7.

¹¹⁶ Fontanus, p. 145.

The treatise suggested clearly that this means of improving fertility did not involve anyone beyond the female patient accessing and touching her reproductive organs, not even her husband. In addition the author explicitly stated that the aim of this particular remedy was to improve sexual desire and pleasure; the smell acted as an aphrodisiac in order to improve the chances of conception. Other authors also suggested that musk and civet should be applied to 'the mouth and necke of the wombe' immediately before conception.¹¹⁷ Although it might be expected that these remedies would be addressed to the woman herself, as the intended reader of the text, it is notable that in the *Compleat Doctress* other remedies are described as being made for and given to the woman, rather than depicting her as an active participant in the treatment. When overtly addressing male physicians and describing a course of treatment, the author explained: 'When you have thoroughly purged the body, and taken away the cause, the parts must be strengthened, and the distemper must be corrected with these pills'.¹¹⁸ Thus, the woman's role in the application of this treatment is intentionally emphasized. Midwifery books do not appear to offer this recommendation as readily as the other types of texts. This may have been because the remedy had to be applied to the male reproductive organs, again raising issues about the gender of the patient and the practitioner. Although not an aromatic treatment, the recipe book of Jane Jackson included a fertility enhancing remedy that had to be applied to the male genitalia: 'Take the braine of a crane and medle it with ganders grease and fox grease and keepe it in a vessell of silver or of gould and at what time thou wold have knowledge annoynt therewith thy yard and shee shall conceive'.¹¹⁹ It is apparent in this context that even for women practising medicine in the home the issue of gendered access to the sexual body was important. The female practitioner here did not administer the remedy but encouraged the husband to do so himself. Jackson also included a recipe that was applied to both the male and female genitalia, and again she documented that the husband would apply this remedy to both parties.¹²⁰

Nevertheless, it is apparent that men and women in the early modern period were being advised to use strong smelling, sexually stimulating remedies immediately before intercourse to improve the chances of conception. This method of treatment was usually conducted by the husband, and occasionally by the woman as well, but excluded the medical practitioner by omission. The stimulation of sexual desire at this moment was a personal matter, or was at least bound by the constraints of modesty. The presence of the physician in applying these types of medications might have resulted in speculation about their role in encouraging intercourse and conception, and about their own moral character; some man-midwives and physicians were already being tainted by suggestions of immodest behaviour, some of which were well justified.¹²¹ It is also noteworthy that it was rare for the husband and wife to be directed to apply the remedies to each other. The stimulating and heating effects created in the body were thus directly attributed to the remedy itself, not to the

¹¹⁷ See, e.g., Sadler, p. 119; or Anonymous, *The Compleat Doctress*, p. 145.

¹¹⁸ Anonymous, *The Compleat Doctress*, p. 144.

¹¹⁹ Wellcome Libr., MS. 373 fos. 73v–74r.

¹²⁰ Wellcome Libr., MS. 373 fo. 74r.

¹²¹ D. Harley, 'Provincial midwives in England: Lancashire and Cheshire, 1660–1760', in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. H. Marland (1993), pp. 27–48, at p. 40; R. Porter 'A touch of danger: the man-midwife as sexual predator', in *Sexual Underworlds of the Enlightenment*, ed. R. Porter and G. S. Rousseau (Manchester, 1987), pp. 206–32; Churchill, pp. 86–9. For medieval context, see Green, *Making Women's Medicine Masculine*, pp. 201–2.

rubbing and touching of the patient's sexual partner. Medical writers probably did not allude to the possibility that sexual arousal could be obtained through the application of the remedy in this way to avoid connotations of obscenity and to retain a sense of professionalism. Conversely Jane Jackson, and other domestic writers, were not constrained by the need to appear professional or by concerns about publishing obscene material and so could include remedies that were applied by the husband or wife to their spouse.

One treatment option suggested by a few medical writers circumvented the entire issue of access to the genitals and internal reproductive organs. In these recommendations the aromatics were directed to the head and the nasal passages, through scented pillows, or were worn on the body as perfumed gloves. This reflects the medical understanding seen in the discussion of diagnosing barrenness, where fumes and smells moved through the body. The use of smells in this way raises further questions about the necessity of directing smells into the body, or whether they were also effective when in the general atmosphere of the sick body – as was the case in plague and pestilence treatments. In this way perfumed rooms or gloves that carried scent close to the body could create a sexually simulating environment without being directly applied to the genitals. Holly Dugan has suggested that scents could be a powerful component of sensual and sexual pleasure, particularly through the creation of erotic perfumed environments.¹²² Again the presence of a physician in this situation would have been inappropriate as the environment created could have affected both the patient and the practitioner, creating the potential for illicit sexual encounters. In these instances women were again foregrounded as the principal agent in curing barrenness, allowing them a means of remedying an intimate, sexual disorder without male interference: as the *Mercurius Compitalitius* argued, 'They that are not propense to *Venus* may wear Amber or Musk about them and perfumed Gloves, and they may lay them at Night especially under their Pillows'.¹²³ Other authors were not necessarily as explicit in removing the physician from this treatment. The *Golden Practice of Physick* ambiguously stated that 'They report that the smel of Civet, Amber greese, Musk, in Baths, or [G]loves, or Pillows, especially at night, maketh Women apt to Conception'.¹²⁴ The 'they' spoken of here may have been patients or other physicians. Perfumed gloves were a fashionable item in the early modern period and many household recipe books offered receipts for preparing them in the home.¹²⁵ However, it is not apparent that any of the perfumed gloves listed in these manuscript collections are explicitly for medical purposes, and no indication is given that they were relevant to, or used for, the treatment of barrenness.¹²⁶ This may suggest that women knew of the effects these gloves were thought to have, and discounted their efficacy, or that they simply did not need to record this virtue of the gloves as it was well recognized. Yet it is likely that medical writers were aware that women could possess the skills required to produce these items in the home.

The treatment of barrenness in early modern England was affected by concerns of modesty and access to the female reproductive body. In this respect it was merely one

¹²² Dugan, *Ephemeral History of Perfume*, pp. 180–1.

¹²³ Bonet, p. 570.

¹²⁴ Platter, p. 177. In the original text gloves is misspelled as cloves.

¹²⁵ Dugan, *Ephemeral History of Perfume*, pp. 126–53.

¹²⁶ In this author's further research on infertility, a range of domestic recipe books from the sixteenth and seventeenth centuries were examined, none of which explicitly described medical gloves.

of a range of reproductive disorders that were framed in this way. As John Sadler complained in the introduction to the *Sick Womans Private Looking-glasse*, there were ‘*manifold distempers of body, which yee Women are subject unto through your ignorance & modestie*’.¹²⁷ Beyond the patient, social anxieties existed about the access that male physicians could have to the female body. Although these concerns were not culturally specific to the early modern period, it would appear, as Schleiner and Crawford have suggested, that this was a matter at the forefront of the practice of gynaecological and obstetric medicine at this time. It was feared that male medical practitioners would exploit the access they gained to the female genitals for their own sexual gratification, and in the process would corrupt innocent maids and wives: one early modern joke played upon this theme suggesting that a ‘Petulant Doctor of Physick’ convinced a girl that he needed to have sex with her in order to break the eggs that she was breeding, which were causing her to be unwell, in order to satisfy his own sexual desire for her.¹²⁸ The issue of visual and tactile contact with the female reproductive body was thus one of importance. As this article has suggested, by examining the ways in which medical writers discussed and utilized smells, fumes and aromatics, we can begin to move beyond a straightforward assertion that physicians either did not touch their patients, or did so at the risk of their reputation. Although we know that male practitioners did indeed treat, and touch, female patients and it is impossible to understand fully the motivation behind using smells to diagnose and treat barrenness, it is evident that practitioners engaged a diverse multi-sensory range of treatments for this purpose. These treatments utilized the aphrodisiac qualities of strong smells, such as musk, civet and ambergris, directly to stimulate the female reproductive organs. They also allowed physicians to recommend treatments that could be carried out either in their presence – without the physicians needing to see or touch the female patient – or could be administered by the woman herself. Thus, the presence of fumigations and fumes allowed women to restrict access to the sexual parts of their bodies while still seeking a cure for infertility. Similarly, they allowed physicians to remain a useful source of prescriptions and cures even when the woman was not willing to undergo an intimate examination or treatment. It is therefore evident that both physicians and patients could employ treatments that relied upon a range of senses to treat the sick body, and that the remedies themselves could be used to negotiate the difficult issue of bodily access.

¹²⁷ Sadler, sig. A4r (original emphasis).

¹²⁸ Anonymous, *Nugae Venales: Or, A Complaisant Companion: Being New Jests, Domestick and Foreign* (1675), pp. 99–100.